

P9600039605

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

No 53013

RE: Brandon Leavelle
Inc.

95 MAY - 8 PM 2:29

DISBURSED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

- Capital Express™
- Art. of Inc. File
- _____ Corp. Record Search
- _____ Ltd. Partnership File
- _____ Foreign Corp. File
- () Cert. Copy(s) photo
- _____ Art. of Amend. File
- _____ Dissolution/Withdrawal
- _____ C U S _____
- _____ Fictitious Name File 6/10/00 1:30 PM
- _____ Name Reservation ***\$70.00
- _____ Annual Report/Statement
- _____ Reg. Agent Service
- _____ Document Filing
- _____ Corporate Kit
- _____ Vehicle Search
- _____ Driving Record
- _____ Document Retrieval
- _____ UCC 1 or 3 File
- _____ UCC 11 Search
- _____ UCC 11 Retrieval
- _____ File No.'s, _____ Copies
- _____ Courier Service
- _____ Shipping/Handling
- _____ Phone () _____
- _____ Top Priority _____
- _____ Express Mail Prep. _____
- _____ FAX () _____ pgs.

6/10/00 1:30 PM
 -05/06/00 11:08 AM

RECEIVED
 95 MAY - 8 PM 1:58
 DIVISION OF CORPORATION

SUBTOTALS

FEE.....	\$ _____
DISBURSED.....	\$ _____
SURCHARGE.....	\$ _____
TAX on corporate supplies.....	\$ _____
SUBTOTAL.....	\$ _____
PREPAID.....	\$ _____
BALANCE DUE.....	\$ _____
_____	\$ _____

PH 5/11/96

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____ CK No. _____

BY ger _____

WALK-IN 5/8 1:30
 Will Pick Up _____

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

FILED

95 MAY -8 PM 2: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Brandon Laundry, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Place of Business: 124 N. Parsons Avenue
Brandon, FL 33510

Mailing Address: 2705 Clubhouse Dr.
Plant City, FL 33567

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

7,000 Shares

Brandon Laundry, Inc. continued...

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Carol McAtee, CPA
7973 Third Avenue South
St. Petersburg, FL 33707

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

Carol McAtee, CPA
7973 Third Avenue South
St. Petersburg, FL 33707

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
6th day of May, 1996.

Carol McAtee CPA
Signature

Signature

**ARTICLES OF INCORPORATION
FILING FEE- \$35**

FILED

CERTIFICATE OF DESIGNATION OF

96 MAY -8 PM 2:30

REGISTERED AGENT/REGISTERED OFFICE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the Registered Office/Registered Agent, in the State of Florida.

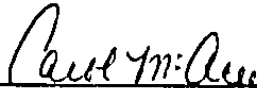
1. The name of the Corporation is:

Brandon Laundry, Inc.

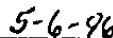
2. The name and address of the registered agent and office is:

Carol McAtce, CPA
7973 Third Avenue South
St. Petersburg, FL 33707

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature



Date

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314